

CALHOUN COUNTY OFFICE OF THE SHERIFF

REQUEST FOR DISCLOSURE OF PUBLIC RECORD (FREEDOM OF INFORMATION ACT)

I hereby request the right to: (check the appropriate request)

_____ INSPECT RECORDS
_____ MAKE A MEMORANDUM, ABSTRACT OR HANDWRITTEN COPY
_____ RECEIVE COPIES MADE BY THE OFFICE OF THE SHERIFF

Requested by:

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE NUMBER: _____

DETAILED DESCRIPTION OF PUBLIC RECORD: (If applicable, include full name(s), date(s) of birth if known, date(s) of occurrence(s), alias name(s), time periods involved or complaint number.)

I agree that the public body has five (5) business days after receipt of this request to respond and that I will be responsible for paying any fees allowed by statute for processing this request.

Signature

Date

Received by

Date

Request #: _____